

DEPARTMENT OF ENVIRONMENT AND CONSERVATION TENNESSEE DIVISION OF AIR POLLUTION CONTROL ANNUAL INSPECTION

Facility No.: 01-0184 State Category: TM	State Čategory: TM					
Date Inspected: 10/31/12	On-Site: X_YES _	NO				
Company Name: City of Oak Ridge Location address: 395 Belgrade R City/State/Zip: Oak Ridge, TN 37 Mailing Address, if different: P.C.	oad 830					
Responsible Official/Title: Mark S Phone: 865-425-3530 E-Mail Address:	S. Watson, City Manager					
Facility Contact/Title: Julia Arme Phone: 865-425-0794 E-Mail Address: jarmes@oakridg						
Date of the last annual inspection Time period covered by this insp Is inspection partial or comprehe	ection, from: 11/1/10 to: 10/31/12		•			
Total time required for this inspe	ection (hours): 5.5					
Was company in compliance dur If NO, enter data below and expl		YES X	NO NO			
Violation(s) Description	NOV Date	Issued By (EFO, CV, Permitting)	EAR#			
Operating without a permit	12/11/12	EFO	16849			
Comments:						
Current Compliance Status: If OUT, provide explanation. Comments:	IN <u>X</u> OUT					
Description of Facility Operation 1/1/04. Therefore, this was an unpo	as: Natural gas fired animal cremator cremitted source at the time of inspec	ory. Permit 956507 ction.	7I expired			

Review Status of Required Reports:

Include all reports reviewed since last AI report

	Report Type (SAR, ACC, MACT, CM)	Timeframe Report Covers	Due Date	Received in CO	Received in EFO	Postmarked Date	Reviewed Date	Report Adequate (Y/N) if N, explain below	SL Report Tracking Number
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Visible	Emissions	Status/	Evol	iatione
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All emission points observed and no visible emissions seen: _____YES __X __NO

Source Number & Stack ID	Date of VEE	Limit/Method	Compliance Status (IN/OUT)

Comments about visible emissions observed if no VEE conducted: Crematory was not in operation on 10/31/12.

1) Permit Status:

For each permit used for this inspection, repeat items 1-5 to include details for each permit.

Permit Number	Source Number(s)	Issue/Amendment/Modification Date	Expiration Date	Renewal Due Date	Renewal Received Date

Comments:

2) Mass Emission Limits:

Source Number	Permit Condition	Condition Limit	Maximum During Review Period

Comments:

3) Process Parameters (feed rates, input limits, work practice standards, etc.):

Source Number	Permit Condition	Condition Limit	Maximum During Review Period

Comments:

4) Control Equipment Operating Parameters (flow rates, pressure drop, temperature, etc.):

Source Number	Permit Condition	Condition Limit	Value During On-Site Inspection	Compliance Maintained (Yes/No)

Comments:

5) On-Site Review of Facility Records and Operating Logs:

Source Number	Permit Condition	Type of Record/Log	Available (Yes/No)	Review Time Frame	Compliance (Yes/No)

Comments:

Additional Information: A copy of the Department's Mercury-Added Product Disposal Requirements was given to the facility for review: X YES NO Was any complaint received? X YES If YES, provide comments: An anonymous complainant alleged there is a strong ammonia odor inside the shelter and can't be healthy to breathe. Division personnel investigated on 10/31/12 and discussed the complaint with Julia Armes. This is an indoor air complaint and APC does not have any jurisdiction over such complaints. Has open burning occurred at this facility? _____YES ___X___NO If YES, provide comments: Was any stack testing required? _____YES X_NO If YES, provide comments: Was any stack testing performed? ____YES __X__NO If YES, provide comments: Was there any air-related construction/modification? _____YES _X___NO If YES, provide comments: Is any air-related construction/modification planned? _____YES ___X__NO If YES, provide comments: Are there any unpermitted and/or exempt sources (e.g., generators, stationary engines, boilers) YES X NO that need further attention? If YES, provide comments: VEE Certification Number: 2205 Certification Expiration Date: 3/7/2013 I verify that the format and content of this report conforms to established TN Division of Air Pollution Control annual

inspection standard operational procedures guidance and that the compliance determination made in this report is correct.

Supervisor/Manager